

Mr. Anthony Vane Caiby

No. HX-8170

SCI @ Phoenix

PO Box 244

Collegedale, TN 37426-0244

9-30-20

FILED
SCRANTON

OCT 05 2020

PER

DEPUTY CLERK

Peter Welsh

3:18 CV 1120

Clerk

William J. Nealon Federal Bldg & U.S. Courthouse

235 North Washington Ave

PO Box 1148

Scranton, PA 18501-1148

RE: Request for Medical Records of Staff for Cases in Line of Reception to Verify

Dear Sir:

Enclosed is the above referenced, requested from the proper persons/staff with numbers for you to call. I look forward to hearing from you soon here a wonderful day.

Respectfully,

Anthony Vane Caiby

Anthony Vane Caiby

CL.Fib

Encl. 6 pgs

DC-108
Revised 12/07PENNSYLVANIA DEPARTMENT OF CORRECTIONS
AUTHORIZATION FOR RELEASE OF INFORMATION
(THE EMPLOYEE/INMATE SHALL COMPLETE, CHECK, AND INITIAL ALL BOXES THAT APPLY)

Name (print) <u>Anthony Vone Calby</u>	Inmate/Employee # <u>HX-8170</u>	Date of Birth <u>9-24-75</u>	Inmate Social Security # <u>084-58-2171</u>
Medical/Dental Records <input checked="" type="checkbox"/>	Mental Health Records <input checked="" type="checkbox"/>	Drug & Alcohol Treatment Records <input checked="" type="checkbox"/>	HIV Information <input checked="" type="checkbox"/>
			Records (General) <input checked="" type="checkbox"/>

I, the undersigned, hereby give my consent for:
(name and address of facility/responder)

Anthony Vone Calby
Sec. Phoenix Medical Records Supervisor
Sec. Phoenix P.O. Box 2444
Collegeville, Pa 19326-0244

To release information to:
(name and address of requester)

Peter T. Walsh, Clerk
U.S. District Court 675 N. Washington Ave
P.O. Box 1148
Scranton, Pa 18501

I hereby authorize the above named source to release or disclose information related to the above referenced records/information to the requester during the period beginning 9-1-16 and ending 9-24-20.
The information being requested is: medical records from treatment with cell etc...

Authorization for disclosure is being given for the purpose of:

Litigation

Disclosure of medical/dental information may contain all aspects of my treatment and hospitalization, including psychological and psychiatric information, drug and/or alcohol information, as well as information regarding Acquired Immunodeficiency Syndrome (AIDS) and tests or treatment for Human Immunodeficiency Virus (HIV).

Disclosure for mental health records pertains to treatment, hospitalization, and/or outpatient care provided to me for the period listed above. I understand that my record may contain information regarding all aspects of my treatment and hospitalization, including psychological and psychiatric information, drug and/or alcohol information as well as information regarding Acquired Immunodeficiency Syndrome (AIDS) and tests or treatment for Human Immunodeficiency Virus (HIV). **Authorizations for release of mental health records expire in 180 days.**

Disclosure of HIV related information is information about whether the patient has had a test for HIV, an HIV related illness or AIDS. HIV (Human Immunodeficiency Virus) is the virus that may cause or indicate AIDS or HIV infection.

Disclosure of general information is information contained in an inmate's DC-15. Generally, any communications from the inmate to the Department of Corrections and responses thereto, misconducts, and grievances.

In authorizing this disclosure, I explicitly waive any and all rights I may have to the confidential maintenance of these records, including any such rights that exist under local, state, and federal statutory and/or constitutional law, rule or order, including those contained in the Pennsylvania Mental Health Procedures Act, (MHPA) 50 P.S. §7101 et seq., the Drug and Alcohol Abuse Control Act, 71 P.S. §1690.101 et seq. and the Confidentiality of HIV-Related Information Act, 35 P.S. §7601 et seq.

I understand that I have no obligation to permit disclosure of any information from my record and that I may revoke this authorization, except to the extent that action has already been taken, at any time by notifying the Medical Records Director/Technician, Health Care Administrator, or Facility Manager. In any event, this authorization will expire 180 days after the date signed, unless revoked prior to that time.

I understand that these records are the property of the Department of Corrections and that my authorization for their release does not require the Department of Corrections to release these records. It is understood by the above requester that if the requested information's confidentiality is protected by Federal Regulations that bar secondary dissemination or re-disclosure, the providing facility will provide a statement to that effect.

Furthermore, I will indemnify and hold harmless the Pennsylvania Department of Corrections, and its employees and agents, for any losses, costs, damages, or expenses incurred because of releasing information in accordance with this authorization.

Anthony Vone Calby
Employee/Inmate Signature

9/30/20
Date

Signature of Witness

Date

White Copy - Responder

Yellow Copy - Requester

Pink Copy - Inmate

DC-108
Revised 12/07PENNSYLVANIA DEPARTMENT OF CORRECTIONS
AUTHORIZATION FOR RELEASE OF INFORMATION
(THE EMPLOYEE/INMATE SHALL COMPLETE, CHECK, AND INITIAL ALL BOXES THAT APPLY)

Name (print)	Inmate/Employee #	Date of Birth	Inmate Social Security #
Anthony Vore Carib	HX-8170	9-24-78	084-58-2171
Medical/Dental Records	Mental Health Records	Drug & Alcohol Treatment Records	HIV Information
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			Records (General)
			<input checked="" type="checkbox"/>

I, the undersigned, hereby give my consent for:
(name and address of facility/responder)

Anthony Vore Carib, M.D. HX-8170
St. Joseph Medical Records Supervisor
PO Box 244 St. Joseph
Collegeville Pa 19326

To release information to:
(name and address of requester)

Richard J. O'Donnell
Clark
14106 17th St
Philadelphia Pa 19106-1700

I hereby authorize the above named source to release or disclose information related to the above referenced records/information to the requester during the period beginning 9-1-16 and ending 9-24-20.
The information being requested is: Medical records from site-calls and all other treatment

Authorization for disclosure is being given for the purpose of:

Litigation

Disclosure of medical/dental information may contain all aspects of my treatment and hospitalization, including psychological and psychiatric information, drug and/or alcohol information, as well as information regarding Acquired Immunodeficiency Syndrome (AIDS) and tests or treatment for Human Immunodeficiency Virus (HIV).

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In authorizing this disclosure, I explicitly waive any and all rights I may have to the confidential maintenance of these records, including any such rights that exist under local, state, and federal statutory and/or constitutional law, rule or order, including those contained in the Pennsylvania Mental Health Procedures Act, (MHPA) 50 P.S. §7101 et seq., the Drug and Alcohol Abuse Control Act, 71 P.S. §1690.101 et seq. and the Confidentiality of HIV-Related Information Act, 35 P.S. §7601 et seq.

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I understand that these records are the property of the Department of Corrections and that my authorization for their release does not require the Department of Corrections to release these records. It is understood by the above requester that if the requested information's confidentiality is protected by Federal Regulations that bar secondary dissemination or re-disclosure, the providing facility will provide a statement to that effect.

Furthermore, I will indemnify and hold harmless the Pennsylvania Department of Corrections, and its employees and agents, for any losses, costs, damages, or expenses incurred because of releasing information in accordance with this authorization.

Anthony Vore Carib
Employee/Inmate Signature

9/30/20
Date

Signature of Witness

Date

White Copy - Responder

Yellow Copy - Requester

Pink Copy - Inmate

DC-108
Revised 12/07

PENNSYLVANIA DEPARTMENT OF CORRECTIONS
AUTHORIZATION FOR RELEASE OF INFORMATION
 (THE EMPLOYEE/INMATE SHALL COMPLETE, CHECK, AND INITIAL ALL BOXES THAT APPLY)

Name (print) <u>Anthony Vane Carly</u>	Inmate/Employee # <u>HX-8170</u>	Date of Birth <u>9-24-75</u>	Inmate Social Security # <u>084-58-2171</u>
Medical/Dental Records	Mental Health Records	Drug & Alcohol Treatment Records	HIV Information
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			Records (General)
			<input checked="" type="checkbox"/>

I, the undersigned, hereby give my consent for:
 (name and address of facility/responder)

Anthony Vane Carly HX-8170 SCT Phoenix
PO Box 2414 Collegeville, Pa 19426-0244
SCT Phoenix Medical Records Supervisor
PO Box 2414 SCT Phoenix Collegeville, Pa 19426

To release information to:
 (name and address of requester)

Kate Buckman Esquire
Clerk
U.S. District Court 610 Market St
Philadelphia, Pa 19106

I hereby authorize the above named source to release or disclose information related to the above referenced records/information to the requester during the period beginning 9-1-14 and ending 9-24-20.
 The information being requested is: Medical records, sick-calls, evaluations, etc.

Authorization for disclosure is being given for the purpose of:

Litigation

Disclosure of medical/dental information may contain all aspects of my treatment and hospitalization, including psychological and psychiatric information, drug and/or alcohol information, as well as information regarding Acquired Immunodeficiency Syndrome (AIDS) and tests or treatment for Human Immunodeficiency Virus (HIV).

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Anthony Vane Carly
 Employee/Inmate Signature

9/30/20
 Date

Signature of Witness

Date

White Copy - Responder

Yellow Copy - Requester

Pink Copy - Inmate

Important Facts

1. SCI Graterford Surveillance Video No. 91-16-7-11-18 Anthony Vone Caiby No. HX-8170

1. E-Blk A2-41, cell 2. A blk A-2-41 cell, 3 D Blk B-1-12 cell, 4. D Blk B-1-81 cell

Video No. **778321489-9-116-7-11-18.**

2. Incident of 9-29-17 surveillance at 3:01 A.M. EDT Video No. **7783921486-9-30-17**, in Retalitory Response to a letter dropped in the SCI Graterford mail box to the O.S.S.I. (Office of Straegic Intelligence, and investigation)

Suffered a deep laceration to the webbing of my left finger between the index, and the middle finger, and a deep laceration under my left eye went to work in the New-side law library co-workers, and other staff wittnessed me injured yet this was not reported, went to sick-call given neosporin, DR. asked how i got cut? "long story"

Teflon Tape No. **7783924183-9-29-17-9-30-17** SCI Graterford D-blk, & whole prison transcribed; and communiques & video email @ **7739244862**,

Sattilite video No. **778392186-9-29-17-9-30-17**,

Sattilite battlefeild wound scans assessment No. **77839421876321-9-29-17-9-20-17**

All @ **7789321962184-7-5-12-present**

Medical file No. **778392187-9-1-16-present**

SCI Phoenix Videos No. **77837218321-7-11-18-present**

Battlefeild wound assessments Nos. 778321876321-9-1-16-present

Video of Every State, & Federal Prison, and County jail within the Commonwealth of Pennsylvania. Inmates, and employees 77994938732184921164-9-1-07-present

Pa. DOC 649 Scans No. 68321921084-9-1-16-present, 778932186-9-1-16-present

Investigative File No. 77839219346-7-5-12-present

I, was cut by cellmate Hasan Hill No. LX-0009, I went on two visits where my family witnessed me cut 10-5-17, & 10-6-17 , family members mother Ruth D. Caiby, Devon Vone Caiby, & Sandell T. Dingle, as seen on Pa. DOC video No. 778321474-10-5-17, &, 77832575-10-6-17 SCI Graterford visiting room Sgt. Carter, and others present both visits. Wittnessed the injuries, and we took pictures that I, submitted as exhibits in law suits, which were mentioned in Judicial Opnions. (19-2414 *Caiby V. Ferguson et al.*)

Sattilite video No. 774321876324-6-4-17-present

ID Scans No. 792-792-10-5-17, & 784-787-10-6-17

Log-book entry No. 709-10-5-17, & Log book entry No. 710-10-6-17
and 684-9-24-75, Cut by cellmate hasan Hill NO. LG0009, in the early morning hours of 9-29-17-9-30-17,
PNC Check No. 79496-6-3-17
PNC Check No. 76384-4-8-17
PNC Check No. 773924-3-8-17
PNC Check No. 778624-3-1-17

Mr. Anthony Vone Gibby

NO. HX-8/70

SO. of Phoenix

P.O. Box 244

Collegeville, Pa. 19426-0244

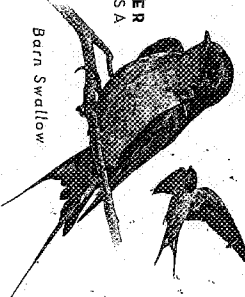
PA DEPARTMENT OF
CORRECTIONS
INMATE MAIL

neopost
10/01/2020
US POSTAGE \$000.15



ZIP 19426
041M12252211

FOREVER
USA



Barn Swallow

Peter J. Welch

Clerk

RECEIVED

US Courthouse

OCT 05 2020

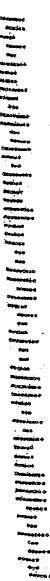
235 North Washington Ave
P.O. Box 1148

PER

DEPUTY CLERK

Stanton, Pa. 18501-1148
185013148 B039

"Inmate Mail - PA DEPT. OF CORRECTIONS"



Printed Label Mail